

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4247ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/11/2008
NAME OF PROVIDER OR SUPPLIER WESTERN NEVADA SURGICAL CENTER INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1299 MOUNTAIN STREET CARSON CITY, NV 89703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a focus state licensure survey conducted at your facility on March 5, 2008 and March 11, 2008.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Surgical Centers for Ambulatory Patients.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	A 00		
A 69	<p>NAC 449.9812 Program for Quality Assurance</p> <p>2. The program for quality assurance must include, without limitation:</p> <p>(g) Procedures for identifying and addressing any problems or concerns related to the care provided to patients using the medical records of the center and any other sources of data that may be useful to identify previously unrecognized concerns, and for assessing the frequency, severity and sources of suspected problems and concerns. The procedures must include, without limitation, procedures for assessing:</p> <p>(6) The procedures used to control infection. This Regulation is not met as evidenced by: Based on observation and interview it was determined that the facility failed to follow the manufacturer's recommendation regarding the re-sterilization of a single use item.</p> <p>Findings Include:</p>	A 69		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 69	<p>Continued From page 1</p> <p>During an interview on 3/5/08, at approximately 8:30 AM an observation was made of a surgical tray which a surgical technologist stated was ready to be processed for use on a patient. An observation was made of single use microsmooth high infusion sleeve parts in the tray. A new package with the same items revealed that the microsmooth high infusion sleeve parts were for single use only. The surgical technologist stated the microsmooth high infusion sleeve parts were going to be re-sterilized for use on another patient.</p> <p>On 3/10/08, at 2:55 PM, a telephone interview was conducted with an ALCON (the product's manufacturer) customer service representative. She stated that this item was disposable for a reason and that it was not validated for multiple use.</p> <p>On 3/11/08 at approximately 8:45 AM, the surgeon was interviewed. He reported that the micro smooth high infusion sleeves were not being reused at the surgery center. He stated that the surgical technician had forgotten to remove the sleeves from the tray when she spoke to the surveyors on 3/5/08. He stated that some infusion sleeves could be reused but the ones he was currently using could not be sterilized and reused on another patient.</p> <p>On 3/11/08 at approximately 8:55 AM, the surgical technician was interviewed for the second time. She now stated that she did not reuse the micro smooth high infusion sleeves and had forgotten to remove them from the tray. She later stated that the facility had another type of high infusion sleeve that could be sterilized for</p>	A 69		

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A 69	Continued From page 2 reuse but was unable to state where they were when asked. Severity: 2 / Scope: 2	A 69		

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